

PLAINTIFF/PETITIONER/MOVANT'S NAME

PRISON NUMBER

PLACE OF CONFINEMENT

ADDRESS

2254	1983
FILING FEE PAID	
Yes	No
IFP MOTION FILED	
Yes	No
COPIES SENT TO	
Court	ProSe

FILED
APR 23 2008
CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA
BY <i>RM</i> DEPUTY

**United States District Court
Southern District Of California**

'08 CV 0748 IEG CAB

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

Plaintiff/Petitioner/Movant

v.

Defendant/Respondent

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, _____, declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution? ☐ Yes ☐ No

Do you receive any payment from the institution? ☐ Yes ☐ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?:

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

less than \$100.00 BUT I JUST NEVER KNOW THING CAN
BE UNEXPECTED

4. Do you have any checking account(s)? ☒ Yes ☐ No

a. Name(s) and address(es) of bank(s): Bank of California ^{maybe} I-2 MAYBE
International Banking firm House of Rothschild

b. Present balance in account(s): ?

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☒ Yes ☐ No

a. Name(s) and address(es) of bank(s): Same above and Dow Jones Bank

b. Present balance in account(s): ?

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: Year: Model:

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No ?

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

MADDOX family
Rothschild family, Jones and Mayer Princess Jones family
Payroll Rights since Aug. 1998 till even NOW

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

NO
I did have a stolen identity issue that has happen to me Before

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

I only have 7¢ on my account here at this Hospital

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

3-28-2008

DATE

Allen David Saunders

SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant allen David Saunder
(NAME OF INMATE)

AT# 057680-1 K-76351
(INMATE'S CDC NUMBER)

has the sum of \$ 7¢ on account to his/her credit at _____

Wasco State Prison RC, Atascadero State Hospital wasco state prison NOW
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities Yes

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

the past six months the applicant's *average monthly balance* was \$ 500.00

and the *average monthly deposits* to the applicant's account was \$ 100.00

**ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

3-28-08

DATE

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

OFFICER'S FULL NAME (PRINTED)

OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Allen David Saunders K-76351, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either • \$350 (civil complaint) or • \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE

Allen David Saunders

SIGNATURE OF PRISONER

Form 4. Affidavit Accompanying Motion for Permission to Appeal In Forma Pauperis

United States District Court for

Civil Suit

District of

L.A. or San Diego

Senior Judge Jones

A.B., Plaintiff

v.

Case No.: _____

C.D., Defendant

Affidavit in Support of Motion

Instructions

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C § 1621.)

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Signed:

David Allen Saunders's

Date:

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My issues on appeal are:

- (e) For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

3. List your spouse's employment history, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay

4. How much cash do you and your spouse have? \$ 22

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishing.

Home	Value	Other real estate	Value

Motor Vehicle 1	Value	Make & Year	Model	Registration #
Motor Vehicle 2	Value	Make & Year	Model	Registration #

Other Assets	Value

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly are.

Rent or home-mortgage payment (include lot rented for mobile home) • Are real estate taxes included? Yes / No • Is property insurance included? Yes / No	You \$	Your Spouse \$
Utilities (electricity, heating fuel, water, sewer and telephone)		
Home maintenance (repairs & upkeep)		
Food		
Clothing		
Laundry and dry-cleaning		
Medical and dental expenses		
Transportation (not including motor vehicle payments)		
Recreation, entertainment, newspapers, magazines, etc.		

Insurance (not deducted from wages or included in Mortgage payments) • Homeowner's or renter's • Life • Health • Motor Vehicle • Other: _____		
Taxes (not deducted from wages or included in Mortgage payments) (Specify: _____)		
Installment payments • Motor Vehicle • Credit card (name): • Department Store (name): • Other: _____		
Alimony, maintenance, and support paid to others		
Regular expenses for operation of business, profession, or farm (attache detailed statement)		
Other (specify): _____		
Total Monthly Expenses:		

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

_____ Yes _____ No

If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form?

Yes Yes _____ No

If yes, how much? \$ a percentage of the lawsuit

If yes, state the attorney's name, address, and telephone number.

11. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

_____ Yes ✓ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number.

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

Wasco State Prison RC Bld. B-6
Cell # 114
~~Atascadero State Hospital for now or AD-22~~
~~* 801 N. VERNON Dearborn, M.I. 48128~~
P.O. Box 7200 Delano, CA. 93280
801 N. VERNON Dearborn, M.I. 48128

Your daytime phone number: ~~(805) 4682731~~

Your age: 32 Your years of schooling: about two years of college and academy

Your social security number: 385-02-2053

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$ 100.00	\$	\$	\$
Alimony	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify) <u>F7</u>	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

2. List your employment history, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay

REPORT ID: TS3030 .701

REPORT DATE: 01/11/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
SALINAS VALLEY STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: OCT. 01, 2007 THRU JAN. 11, 2008

ACCOUNT NUMBER : K76351

BED/CELL NUMBER: FDB5T2000000214L

ACCOUNT NAME : SAUNDER, ALLEN DAVID

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
10/01/2007		BEGINNING BALANCE					0.00
12/26	D320	TRUST FUNDS T 1661 CMC			98.94		98.94
		ACTIVITY FOR 2008					
01/03	W531	DAMAGES - STR 1706 CMC				98.94	0.00
01/04	*DD30	CASH DEPOSIT 1728 7205			45.00		45.00
01/04	*DD30	CASH DEPOSIT 1728 7205			11.25		56.25
01/09	*DD30	CASH DEPOSIT 1777 7215			45.00		101.25
01/11	W531	DAMAGES - STR 1800 CMC				81.06	20.19

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 12/20/99

CASE NUMBER: F289807

COUNTY CODE: SLO

FINE AMOUNT: \$ 800.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
10/01/2007		BEGINNING BALANCE		292.50
11/29/07	SU03	SYS UPDATE - POS	30.00-	262.50
01/04/08	DR30	REST DED-CASH DEPOSIT	50.00-	212.50
01/04/08	DR30	REST DED-CASH DEPOSIT	12.50-	200.00
01/09/08	DR30	REST DED-CASH DEPOSIT	50.00-	150.00

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	200.19	180.00	20.19	0.00	0.00

CURRENT
AVAILABLE
BALANCE

20.19